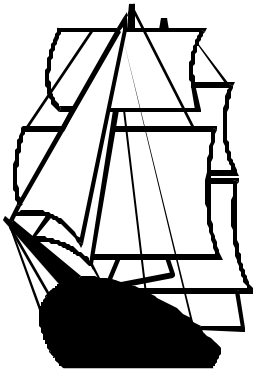


RHODE ISLAND GUIDE

TO BUYING MEDICARE SUPPLEMENT INSURANCE AND MEDICARE ADVANTAGE PLANS

January 2005

SENIOR HEALTH INSURANCE PROGRAM



The Senior Health Insurance Program (SHIP) offers information and assistance regarding health insurance issues to Medicare beneficiaries and to older adults. Consumers can make an appointment to speak to a local volunteer SHIP counselors to discuss Medicare supplement insurance, Medicare Advantage plans, over-insurance, eligibility for free and reduced-care medical programs, and other matters relating to health care coverage. Call the Rhode Island Department of Elderly Affairs (DEA) to locate your local SHIP counselor.

SHIP is funded through a grant from the Centers for Medicare and Medicaid Services (CMS) and administered in Rhode Island by DEA.

Rhode Island Department of Elderly Affairs
Benjamin Rush Building 55
35 Howard Avenue
Cranston, RI 02920

Bill Doyle, SHIP Coordinator: **462-0508**
DEA Customer Information Referral and Assistance Center:
462-4000 (Voice)
462-0740 (TTY)
www.dea.state.ri.us

BACKGROUND ON MEDICARE

Medicare is the nation's health insurance program for people 65 and older, and younger people who are disabled or who have end stage renal disease. Medicare consists of Part A (Hospital Insurance), Part B (Supplemental Medical Insurance) and Part C, which established Medicare Advantage plans (Managed Care). Almost all persons over age 65 are automatically entitled to Medicare Part A if they or their spouse are eligible for Social Security or Railroad Retirement.

Part A covers inpatient hospital care, skilled nursing facility, home health and hospice care. Part B is optional insurance that complements Part A coverage. Part B covers physician services, outpatient hospital services, home health, durable medical equipment, laboratory and x-rays, ambulance, and other services.

In most cases, there's no cost for Part A; however it requires cost sharing, such as deductibles and co-insurance. Those who enroll in Part B pay a monthly premium, as well as 20% of most fees after meeting an annual deductible.

Medicare beneficiaries can choose to get their coverage through traditional, fee-for-service Medicare, or through Medicare Advantage plans. Medicare pays managed care plans a set fee for each member to cover all Medicare Part A and Part B services. Members are locked into receiving all covered services through the plan's network of providers or by referrals made through the plan.

Beginning in 2005, Medicare will offer three new preventive health services to help beneficiaries stay healthy. These services include a *Welcome to Medicare* physical, cardiovascular screening and blood tests, and diabetes screening.

The *Welcome to Medicare* physical will include height and weight measurements, blood pressure check and electrocardiogram. The physical will also include education and counseling on other tests and screenings that are already covered under Medicare. The physical does not include payment for clinical laboratory tests.

In order to be eligible for the *Welcome to Medicare* physical, the exam must be performed no later than six months after the date your coverage first begins under Medicare Part B. This new benefit applies to those whose coverage for Part B begins after January 1, 2005.

The cardiovascular screening benefit covers screening blood tests for cholesterol and other lipid and triglyceride levels for the early detection of cardiovascular disease and other conditions associated with elevated risk of heart disease or stroke. There will be no deductibles or co-payments to beneficiaries. Medicare will pay for these tests once every two years.

Also on January 1, Medicare will pay for diabetes screening to detect early onset of the disease for persons deemed to be "*at risk*." Beneficiaries will be covered for a maximum of two tests in the 12-month period following their most recent screening test. Beneficiaries will not be responsible for a deductible or co-payment since these are clinical laboratory tests.

These three new preventive services are in addition to diagnostic services already available from Medicare. These preventive services include bone mass measurement; tests for breast, cervical, vaginal and colorectal cancers; glaucoma testing; and prostate cancer screening. Diabetes self-management programs and flu, pneumonia and Hepatitis B shots are also part of these services.

Q. *What is Medicare supplement insurance?*

A. Medicare supplement insurance is private health insurance designed to supplement Medicare benefits to pay some of the deductibles, co-payments, and other expenses Medicare does not pay. You must understand Medicare before you can understand Medicare supplement insurance. Call **1-800-MEDICARE (1-800-633-4227)** for a free copy of *Medicare and You 2005*. The more familiar you are with Medicare, the easier it will be to comprehend Medicare supplement insurance.

Q. *What are some of the expenses Medicare does not cover?*

A. Generally speaking, there are five costs not covered by Medicare hospital insurance (Part A) and medical insurance (Part B).

1. If you are admitted to the hospital, you must pay the first \$912 (Part A deductible) for days 1-60 of a hospital stay. You are also responsible for paying \$228 daily for days 61 through 90 of a hospital stay and \$456 daily for Lifetime Reserve Days 91 through 150. You are responsible for all costs after day 150.

2. If you need skilled nursing or rehabilitation in a skilled nursing facility, you must pay \$114 daily from days 21 through 100 of a covered stay in a skilled nursing facility.

3. You have to pay the first \$110 a year (Part B deductible) for the allowable cost of medical services such as doctors' office visits, surgery, anesthesia, out-of-hospital x-rays and lab tests, durable medical equipment, prosthetic devices, ambulance transportation, chiropractic services, and hospital outpatient and accident room services.

4. You have to pay 20% (Part B co-insurance) of the approved charges for these medical services after you pay the \$110 deductible.

5. Medical expenses not covered by Medicare:

- Hearing aids and eyeglasses
- Personal or custodial care in nursing homes
- The cost of medical services above what Medicare says is allowable
- Routine dental care
- Out-of-hospital prescription drugs
- Private duty nursing and homemaker service
- First three pints of blood (if not replaced).

NOTE: The deductible and co-payment amounts stated above apply to services received in 2005. They are subject to change each year.

Q. *What is the difference between Medicare and Medicaid?*

A. Generally, Medicare is a federal health insurance program for people 65 or older, or who have received Social Security disability for 24 months, or who have kidney failure. Medicaid (Medical Assistance) is a federal-state program for medical care for low-income people who have limited resources. In Rhode Island, if you're 65 or older, or blind, or disabled with a gross monthly income of less than \$796 and less than \$4,000 in resources, you may qualify for Medical Assistance.

A couple must have less than \$1,061 a month in income and less than \$6,000 in savings to qualify for Medical Assistance. Sometimes, those who meet the resource limit who have high medical expenses can also qualify. Medicare and Medicaid will pay almost all your medical bills with just a few exceptions. If you are eligible, you don't need any other health insurance policy. Apply at your local Department of Human Services (DHS) office. Call the DEA at 462-4000 (Voice) or 462-0740 (TTY) for additional assistance.

Q. *I've heard about programs called QMB and SLMB. What are they about?*

A. Qualified Medicare Beneficiary (QMB) and Specified Low-income Medicare Beneficiary (SLMB) programs provide for the state to pay the Medicare medical insurance premiums for limited income persons with few cash resources.

Under QMB, the state pays both the Part A (if necessary) premium and the Part B premium of \$78.20 per month in 2005. Individuals must have a gross monthly income under \$796 to qualify for QMB. Couples must have income less than \$1,061. Anyone who qualifies for QMB also qualifies for Medicaid.

Individuals eligible for SLMB must have a monthly income below \$951. Married couples must have incomes below \$1,269. SLMB pays the Medicare medical insurance premium.

Two other programs also help pay Medicare premiums. The Qualifying Individuals-1 (QI-1) program pays the Part B premium for those with incomes under \$1,068 per month. Married couples may qualify if their monthly income does not exceed \$1,426.

The same resource test applies for all of these programs-\$4,000 for an individual and \$6,000 for married couples.

Be careful when applying for SLMB if you are already enrolled in, or are applying for, Medicaid. The additional income you get in your Social Security check by the state paying your Medicare premiums might affect your eligibility for Medicaid. Applications for these programs can be filed at the local office of DHS.

Q. *What if I do not qualify for Medical Assistance?*

A. The safest course is to choose one Medicare supplement “fee for service” insurance policy or a Medicare Advantage plan that’s best for you. Medicare supplement insurance policies are stated in terms of Medicare’s deductibles and co-payment amounts, rather than in terms of fixed benefit amounts.

Q. *How many Medicare supplement plans are there?*

A. In Rhode Island, insurers may offer up to 10 standard Medicare supplement plans. These 10 standard plans include a basic policy (Plan A) which provide a core benefit package. Each of the other nine plans (Plans B through J) has a different combination of additional benefits, but they all include the core package. Insurers may not change the combination of benefits in any of the 10 standard policies, or change the letter (A through J) designation. This means that any insurer offering Plan C, for example, is offering the exact same combination of benefits as every other insurer that sells Plan C.

If you get supplemental coverage through a former employer or a union, it may give you a few extra benefits.

No matter which choice you make in supplemental insurance, don’t think that all your health care bills will be covered by Medicare and your Medicare supplemental insurance. They won’t. Some costs will still be left for you to pay out-of-pocket.

Q. *When can I sign up for Medicare supplement insurance?*

A. Federal law guarantees those 65 and older the opportunity to enroll in Medicare supplement plans for six months immediately following enrollment in Medicare medical insurance (Part B).

This is a very important opportunity. At open enrollment, you may enroll in any of 10 Medicare supplement plans that are offered regardless of any existing medical problems you have. Three of these plans (H, I, and J) offer a prescription drug benefit. If you decide not to enroll in any of these plans during your open enrollment period, but later change your mind and wish to buy H, I, or J, the insurance companies have the right to reject your application for one of these higher level plans. In fact, insurers may require a health screen before granting coverage for *any* Medigap plan once the initial six-month enrollment period ends. Insurers are permitted to apply a pre-existing condition clause up to the first six months of the policy.

Medicare supplement insurance regulations allow you to switch from an equivalent plan (C to C, E to E, etc.) without having to endure another exclusion for pre-existing illness period under the new policy if you have already satisfied one under the former policy.

Q. *How much do Medicare supplements cost?*

A. Medicare supplement insurance policies cost can range from approximately \$1,000 several thousands of dollars a year. The prices quoted in this booklet apply to Medicare beneficiaries age 65 and older. Most plans are NOT available to beneficiaries under 65. When they are available, the cost is sometimes more.

Q. *Should I get a Medicare supplement?*

A. You could, or you could enroll in a Medicare Advantage plan (cost and coverage are listed in this booklet), or you could choose to pay “out-of-pocket” for expenses not paid by Medicare by not enrolling in either a supplemental or Medicare Advantage plan. When you make the latter choice, you assume the financial risk for all other hospital and medical expenses not paid by Medicare.

A healthy Medicare beneficiary who has not been hospitalized in the past several years and who seldom needs medical care would be a better candidate to decline Medicare supplement insurance than a person who is under regular medical care, is likely to be hospitalized, and who is taking prescriptions for a variety of illnesses.

Q. *Exactly what is assignment?*

A. Assignment means that the doctor or other medical supplier receives the payment directly from Medicare and agrees to accept the amount that Medicare approves for covered services.

The doctor may only charge the patient (or the patient’s insurance) for any of the \$110 deductible that has not been met and 20 percent co-insurance. Doctors or suppliers who participate in Medicare have agreed to accept assignment on all Medicare claims. Rhode Island law 5-37-5.1 prohibits *physicians* from charging Medicare beneficiaries more than the amount of money that Medicare approves for covered services.

Q. *What is the difference between “issue age” and “attained age”?*

A. In the rate charts found in this booklet, you will see that some insurance companies charge different rates depending on the age of their customers.

Issue age means that your initial premium is based on your age when you buy your policy. Your rate will not increase because you get older. It will increase only if the company receives approval for a rate increase for all Rhode Island policy holders.

Attained age also means that your initial premium is based on your age when you buy the policy. However, your rate is subject to automatic increases as you get older. In addition, the rate may increase if the insurance company receives approval for a rate increase for all Rhode Island policy holders.

Community rated means that the premium is the same, regardless, of age.

Q. *Are there any other hints on how to buy a good Medicare supplement.*

A. Deductibles aren't necessarily bad. True, a deductible means that you pay a certain amount yourself before your insurance pays anything. But, by not providing first dollar coverage, a company can charge you a lower premium. Be aware of the treatment of pre-existing conditions, or sicknesses or injuries you have at the time of buying the coverage. Federal law allows a maximum of six months pre-existing condition exclusion on Medicare supplement plans. Also, you may switch from one Medicare supplement plan to another without facing a pre-existing condition exclusion if you satisfied the exclusion under your prior policy. Not all policies are available to everyone. Some policies require that you belong to a national senior organization; some have periodic open enrollment. Federal law allows you a 30-day free look at Medicare supplement policies. If you return the policy within 30 days, the insurance company must refund your money. Buy from a company licensed in Rhode Island. If you buy from a Rhode Island-licensed company and you subsequently have a problem, the Department of Business Regulation (DBR) may be able to offer you assistance. Their telephone number is 222-2223. If the company is not licensed in Rhode Island, there is less that DBR can do on your behalf. All companies listed in this guide are licensed in Rhode Island.

Q. *Do I have other options?*

A. Employers with 20 or more employees must offer their workers 65 and older the same health benefits as they offer to their younger employees. Keeping this employer-sponsored coverage is usually the best option available for older workers and their dependents. Workers and their spouses who are covered by good employer-sponsored medical insurance do not need to buy Medicare Part B which costs \$78.20 monthly in 2005. When they are no longer working, or their spouse stops working, they may buy Medicare Part B at its current base rate immediately. Delayed enrollment in Medicare Part B until it is truly needed preserves your rights to your initial Medigap enrollment period.

Q. *What can you tell me about Medicare Advantage plans.*

A. You may authorize Medicare to pay a Medicare Advantage plan to cover your health care bills for you. Two plans in Rhode Island offer comprehensive, coordinated medical services by health care professionals and facilities that are part of their plans. More information about these plans is provided in this booklet.

Q. Can anyone help me sort through my health insurance options?

A. The Senior Health Insurance Program (SHIP) can help to answer your questions and to address problems relating to medical coverage in your later years. Trained volunteer SHIP counselors can help you understand the difference between insurance and Medicare Advantage organizations; the difference in coverage among the 10 standard Medicare supplement plans; information about programs that help to pay for prescriptions; help with filing claims; and other matters relating to health insurance and paying for medical care.

To contact a SHIP volunteer, call the nearest agency listed below:

Barrington Senior Center	247-1926
Central Falls: Ralph J. Holden Community Center	727-7425
Coventry Senior Center	822-9175
Cranston Senior Services	461-1000
East Providence Senior Center	435-7800
Johnston Senior Center	944-3343
Lincoln Senior Center	724-2000
North Kingstown Senior Center	268-1590
North Providence:	
Salvatore Mancini Resource & Activity Center	231-0742
Pawtucket: Leon Mathieu Senior Center	728-7582
Portsmouth Senior Center	683-7943
Providence:	
DaVinci Center	272-7474
Hamilton House	831-1800
Lillian Feinstein Center	455-3888
St. Martin dePorres Center	274-6783
Westminster Senior Center	274-6900
Smithfield Senior Center	949-4590
South Kingstown: The Center	789-0268
Tiverton Senior Center	625-6790
Warren Senior Center	247-1930
Warwick: Pilgrim Senior Center	463-3474
Westerly Senior Center	596-2404
Woonsocket RSVP	766-2300

NOTE: Insurance rates are subject to increase in future years based on changes in Medicare deductible amounts, higher cost of medical services, increased utilization of medical services, and other forces which drive health care costs. The rates on the following pages are stated for persons at age 65, 70, 75, and 80. You may contact companies individually for those in-between rates. Ask about any discounts available for payment in advance, pre-authorized withdrawal from your savings or checking accounts, e-mail payments, husband/wife coverage, or any other preferred rates a company may offer.

BENEFITS OFFERED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS

Basic benefits:

- Coverage of the Part A coinsurance amount of \$228 daily for day 61 through 90 of hospitalization in each benefit period
- Coverage of the Part A coinsurance amount of \$456 daily for each of *Medicare's Lifetime Reserve* days
- Up to an additional 365 days of in-patient hospital care during the policy holder's lifetime
- The first three pints of blood per year
- Coverage of the 20 percent coinsurance amount under Medicare Part B after the annual \$110 deductible is met.

Part A deductible:

- Coverage of the \$912 Medicare Part A in-patient hospital deductible.

Skilled nursing coinsurance:

- Coverage of the skilled nursing facility care coinsurance of \$114 per day for day 21 through day 100.

Foreign travel emergency:

- Some emergency services.

Part B deductible:

- Coverage of the \$110 calendar year deductible under Medicare Part B.

Part B excess:

- Pays either 80 percent or 100 percent of the difference between the amount Medicare approves and the amount a physician is able to charge.
- ***NOTE: Rhode Island state law prohibits physicians from collecting more than Medicare approves.***

At home recovery:

- Pays for help with bathing, eating, dressing, toileting, etc. when Medicare provides skilled nursing or therapy. For every visit that is paid by Medicare, you may receive one personal care visit ordered by your physician under this benefit. This benefit pays up to \$40 per visit, up to a maximum of \$1,600 per calendar year.

Basic drugs:

- Pays 50 percent of the cost for outpatient prescription drug charges up to a maximum of \$1,250 per year, after you met a \$250 calendar year deductible.

Extended drugs:

- Pays 50 percent of the cost for outpatient prescription drug charges up to a maximum of \$3,000 per year, after you meet a \$250 calendar year deductible.

BASIC BENEFITS CHART

This chart shows the benefits included in each of the ten standard Medicare supplement plans. Every company selling Medicare supplement insurance in Rhode Island must offer Plan A, the basic benefit package which includes:

- Payment of Part A co-insurance plus coverage for 365 additional days after Medicare benefits end, and;
- Payment of Part B co-insurance (20 percent of Medicare approved expenses, and;
- The first three pints of blood annually.

PLANS

A	B	C	D	E	F	G	H	I	J
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.	Part A Deduct.
		Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.	Skilled Nursing Co/Ins.
		Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.	Some Foreign Travel Emgcy.
		Part B Deduct.			Part B Deduct.				Part B Deduct.
			At Home Recovery			At Home Recovery			At Home Recovery
				Prevent. Care					Prevent. Care
					Part B Excess 100%	Part B Excess 80%		Part B Excess 100%	Part B Excess 100%
							Basic Drugs (\$1,250)	Basic Drugs (\$1,250)	Basic Drugs (\$3,000)

***Deduct.=Deductible**

***Co/Ins.=Coinsurance**

***Emgcy.=Emergency**

***Prevent.=Preventive**

MEDICARE PART A

Services	Benefit	Medicare Pays	You Pay*
HOSPITALIZATION: Semiprivate room and board, general nursing and other hospital services and supplies	First 60 days	All but \$912	\$912
	61st to 90th day	All but \$228/day	\$228/day
	91st to 150th day**	All but \$456/day	\$456
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE: Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$114/day	Up to \$114/day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE: Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE: Pain relief, symptom management and support services for the terminally ill	For as long as the doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD: When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	All but the first three pints per calendar year	For first three pints***

Part A monthly premium is \$375 with fewer than 30 quarters of Medicare-covered employment; \$206 with more than 30 quarters but fewer than 40 quarters of covered employment. Most beneficiaries do not have to pay a premium for Part A.

***Either you or your insurance company are responsible for paying the amounts listed in the *You Pay* column.**

****This 60-reserve-days benefit may be used only once during a lifetime.**

*****Blood paid for or replaced under Part B of Medicare during the calendar year does not have to be paid for or replaced under Part A.**

MEDICARE PART B

Services	Benefit	Medicare Pays	You Pay*
MEDICARE EXPENSES: Doctors' services, inpatient outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services	Unlimited if medically necessary	80% of approved amount (after \$110 deductible) Reduced to 50% for most outpatient mental health services	\$110 deductible, plus 20% of approved amount and limited charges above approved amount
CLINICAL LABORATORY SERVICES: Blood tests, urinalyses, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE: Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT: Services for the diagnosis or treatment of injury or illness	Unlimited if medically necessary	Medicare payment to hospital based on cost	20% of whatever the hospital charges (after \$110 deductible)
BLOOD	Unlimited if medically necessary	80% of approved amount (after \$110 deductible and starting with the fourth pint)	First three pints, plus 20% of approved amount for additional pints (after \$110 deductible)**
AMBULATORY SURGICAL SERVICES	Unlimited if medically necessary	80% or pre-determined amount (after \$110 deductible)	\$110 deductible, plus 20% of pre-determined amount

NOTES: Part B monthly premium is \$78.20 per month in 2005. It may be higher if you enroll late.

*Either you or your insurance company are responsible for paying the amounts in the You Pay column.

**Blood paid for or replaced under Part A of Medicare during the calendar year does not have to be paid for or replaced under Part B.

Age 65 2005 Monthly Premiums For Medicare Supplement Plans A-J

Company	Prem.	A	B	C	D	E	F	G	H	I	J	Dis.	Other
AARP Health Care Options 800-523-5800	C	\$74* \$109**	95 141	108 159	101 149	101 149	108 160	102 150	155 228	165 243	206 304	No	Health Screen
Bankers Life/ Casualty 800-621-3724	A	\$73	135	134	117	119	111	99				No	Health Screen
Blue Cross/ Blue Shield of RI 351-BLUE (2583)	C	\$93		146								Yes	Health Screen
Central States 800-552-1000	A	\$125NT \$144T	137NT 157T	168NT 193T			165NT 190T					No	Health Screen
Combined Insurance 800-544-5531	I	\$93	132	148			168					No	Health Screen
Continental General 800-284-2898	A	\$152F \$170M	131F 146M	176F 197M	132F 147M		140F 156M	132F 147M				No	Health Screen
Globe Life/Accident 800-801-6831	A	\$62	93	105			106						
Mutual of Omaha 800-368-0302	A	\$112NT		137NT	125NT		138NT					No	Health Screen
Physicians Mutual 800-228-9100	A	\$108	131	158			141	130				No	Health Screen
United American 800-331-2512	I	\$129	155	172	163		211	202				Yes	Health Screen
USAA Life 800-531-8000	A	\$94NT			140NT		163NT	144NT				No	Health Screen

NOTES: Premiums are rounded off to the nearest dollar. Community-rated (C) means premium is the same for all ages. Issue age (I) means premium is based on age when you first bought the policy. Attained age (A) means premium automatically increases as you age. Dis. denotes policy availability to persons receiving Medicare disability payments. F=female. M=male. NT=Non-tobacco user. Tobacco rates are higher.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

Age 70 2005 Monthly Premiums For Medicare Supplement Plans A-J

Company	Prem.	A	B	C	D	E	F	G	H	I	J	Dis.	Other
AARP Health Care Options 800-523-5800	C	\$74* \$109**	95 141	108 159	101 149	101 149	108 160	102 150	165 243	165 244	206 304	No	Health Screen
Bankers Life/ Casualty 800-621-3724	A	\$82	160	179	161	141	134	121				No	Health Screen
Blue Cross/ Blue Shield of RI 351-BLUE (2583)	C	\$93		146								Yes	Health Screen
Central States 808-552-1000	A	\$144NT \$165T	157NT 180T	192NT 211T			190NT 218T					No	Health Screen
Combined Insurance 800-544-5531	I	\$98	140	157			177					No	Health Screen
Continental General 800-284-2898	A	\$184F \$205M	159F 177M	214F 238M	160F 178M		169F 189M	160F 178M				No	Health Screen
Globe Life-Accident 800-801-6831		\$83	118	130			131						
Mutual of Omaha 800-368-0302	A	\$126NT		154NT	141NT		156NT					No	Health Screen
Physicians Mutual 800-228-9100	A	\$124	154	186			165	146				No	Health Screen
United American 800-331-2512	I	\$124	175	195	185		196	187				Yes	Health Screen
USAA Life 800-531-8000	A	\$104			155		180	159				No	Health Screen

NOTES: Premiums are rounded off to the nearest dollar. Community-rated (C) means premium is the same for all ages. Issue age (I) means premium is based on age when you first bought the policy. Attained age (A) means premium automatically increases as you age. Dis. denotes policy availability to persons receiving Medicare disability payments. F=female, M=male. NT=Non-tobacco user. Tobacco rates are higher.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

Age 75 2005 Monthly Premiums For Medicare Supplement Plans A-J

Company	Prem.	A	B	C	D	E	F	G	H	I	J	Dis.	Other
AARP Health Care Options 800-523-5800	C	\$74* \$109**	95 141	108 159	101 149	101 149	108 160	102 150	165 243	165 244	206 304	No	Health Screen
Bankers Life/Casualty 800-621-3724	A	\$96	192	1216	198	171	163	150				No	Health Screen
Blue Cross/Blue Shield of RI 351-BLUE (2583)	C	\$93		146								Yes	Health Screen
Central States 800-552-1000	A	\$172NT \$196T	186NT 214T	228NT 263T			225NT 259T					No	Health Screen
Combined Insurance 800-544-5531	I	\$107	154	195			210					No	Health Screen
Continental General 800-284-2898	A	\$213F \$237M	183F 204M	246F 274M	184F 205M		195F 217M	184F 205M				No	Health Screen
Globe Life/Accident 800-801-6831		\$88	134	151			153						
Mutual of Omaha 800-368-0302	A	\$154NT		188NT	172NT		191NT					No	Health Screen
Physicians Mutual 800-228-9100	A	\$133	169	204			182	165				No	Health Screen
United American 800-331-2512	I	\$139	198	224	215		238	229				Yes	Health Screen
USAA Life 800-531-8000	A	\$112			167		194	171				No	Health Screen

NOTES: Premiums are rounded off to the nearest dollar. Community-rated (C) means premium is the same for all ages. Issue age (I) means premium is based on age when you first bought the policy. Attained age (A) means premium automatically increases as you age. Dis. denotes policy availability to persons receiving Medicare disability payments. F=female. M=male. NT=Non-tobacco user. Tobacco rates are higher.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

Age 80 2005 Monthly Premiums For Medicare Supplement Plans A-J

Company	Prem.	A	B	C	D	E	F	G	H	I	J	Dis.	Other
AARP Health Care Options 800-523-5800	C	\$74* \$109**	95 141	108 159	101 149	101 149	108 160	102 150	165 243	165 244	206 304	No	Health Screen
Bankers Life/ Casualty 800-621-3724	A	\$113	235	265	246	211	199	186				No	Health Screen
Blue Cross/ Blue Shield of RI 351-BLUE (2583)	C	\$93		146								Yes	Health Screen
Central States 800-552-1000	A	\$201NT \$233T	221NT 254T	271NT 312T			268NT 308T					No	Health Screen
Combined Insurance 800-544-5531	I	\$131	188	210			238					No	Health Screen
Continental General 800-284-2898	A	\$233F \$259M	200F 223M	269F 300M	202F 225M		213F 238M	202F 225M				No	Health Screen
Globe Life/Accident 800-801-6831		\$89	135	158			160						
Mutual of Omaha 800-368-0302	A	\$178NT		217NT	199NT		220NT					No	Health Screen
Physicians Mutual 800-228-9100	A	\$137	181	223			199	186				No	Health Screen
United American 800-331-2512	I	\$139	204	237	229		243	223				Yes	Health Screen
USAA Life 800-531-8000	A	\$119			177		206	182				No	Health Screen

NOTES: Premiums are rounded off to the nearest dollar. Community-rated (C) means premium is the same for all ages. Issue age (I) means premium is based on age when you first bought the policy. Attained age (A) means premium automatically increases as you age. Dis. denotes policy availability to persons receiving Medicare disability payments. F=female. M=male. NT=Non-tobacco user. Tobacco rates are higher.

*Monthly premium for persons 65 or older applying for coverage within 3 years of Medicare Part B effective date or 65th birthday.

**Monthly premium for persons applying for coverage more than 3 years after 65th birthday or Part B effective date. Medical underwriting applies.

PLEASE NOTE: Rates provided by AARP for their Health Care Options plan are for the FIRST YEAR ONLY at a 20 percent discount. Rates will increase after the first year.

MEDICARE ADVANTAGE PLANS

Medicare Advantage plans, formerly referred to as managed care plans, provide health care services through their network of hospitals, skilled care facilities, doctors, home care agencies, durable medical equipment suppliers, laboratories, pharmacies, and other providers.

Q. How do I enroll in a Medicare Advantage plan?

A. To enroll in a Medicare Advantage plan, you must:

1. Be enrolled in Medicare Parts A and B; *and*
2. Live within the area in which the plan provides services; *and*
3. Cannot be medically determined to have end-stage renal disease (ESRD). If you develop ESRD after you are a member, you may continue to be a member and receive the necessary services through the plan; *and*
4. Sign up during your initial enrollment period (three months immediately before the month your Medicare A and B became effective); during November of any year; during a special enrollment period; or if you move out of your current plan's service area into another area which has a Medicare Advantage plan.

Q. What should I know about Medicare Advantage plans?

A. Anyone thinking of joining such a plan should understand:

1. You must use the plan's providers and facilities to minimize your out-of-pocket financial liability. You are not free to go to any physician, hospital, or other provider you choose.
2. You must choose a primary care physician and in some cases, you must receive prior approval of your primary care physician to see a specialist, have surgery, or obtain equipment or other medical services.
3. It can take up to 30 days to enroll or disenroll.

Before joining a Medicare Advantage plan, be sure to read the plan's membership materials carefully. Make sure you understand your rights and obligations as well as the benefits of the plan. Get information about the hospitals, doctors, facilities, and providers which the plan uses and the ones it does not. If you travel a lot, or live part of the year in another state, find out about how this will affect your coverage.

Q. Tell me about Rhode Island Medicare Advantage plans.

A. Medicare Advantage plans in Rhode Island are available to beneficiaries both over and under 65 years of age. You must continue to pay the Medicare Part B premium (\$78.20 per month in 2005).

Medicare Advantage plans cover all services that Medicare Part A and B provide. They all offer extensive coverage for medical and surgical care, lab tests and x-rays, diagnostic tests and treatments, therapies, inpatient hospital care, skilled nursing facility care, home health care, and other medical services.

In addition, they offer extra benefits. Some plans charge a monthly premium; some do not. Plans require certain co-payments. Rates for plans do not vary according to age. None of the plans applies an exclusion for pre-existing illness.

On the next page, we list the Medicare Advantage plans in Rhode Island and list several points of comparison.

NOTE: For complete information about the cost, coverage, and limitations under each plan, call the company providing the plan directly.

RHODE ISLAND MEDICARE ADVANTAGE PLANS-2005

UnitedHealthcare of New England, Inc.

475 Kilvert Street

Warwick, RI 02886

737-6900

1-800-448-4481 (Sales/Enrollment)

1-800-662-1220 (TTY)

Medicare Complete Plan 1:

Premium: \$0. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$265 per day to a maximum of \$3,000 per year of combined out-of-pocket expenses for covered inpatient and outpatient services.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$5 co-payment for primary care physicians. \$15 for specialists
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard lab tests. 20% co-insurance for other radiological services such as MRI or CAT scan.
Prescription Drugs	\$5 co-payment generic drugs only. No annual limit. \$15 mail order for 90-day supply.
Ambulance Services	\$100 co-payment for Medicare-covered ambulance services per one-way trip.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$60 per day co-payment for days 1 through 50. No co-payment for days 51-100. Costs apply to out-of-pocket maximum.
Hearing/Eye Exams	\$15 co-payment.

NOTE: UnitedHealthcare of New England, Inc. offers a policy rider which includes benefits for eyewear, hearing aids, and dental care for a premium of \$46 per month.

UnitedHealthcare of New England, Inc.
475 Kilvert Street
Warwick, RI 02886 **737-6900**
1-800-448-4481 (Sales/Enrollment)
1-800-662-1220 (TTY)

Medicare Complete Plan 2:

Premium: \$0. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$200 per day to a maximum of \$1,750 per year of combined out-of-pocket expenses for covered inpatient and outpatient services.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$5 co-payment for primary care physicians. \$10 for specialists
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard lab tests. \$10/\$25 co-payment for other radiological services such as MRI or CAT scan.
Prescription Drugs	None
Ambulance Services	\$75 co-payment for Medicare-covered ambulance services per one-way trip.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$60 per day co-payment for days 1 through 30. No co-payment for days 31-100. Costs apply to out-of-pocket maximum.
Hearing/Eye Exams	\$10 co-payment.

NOTE: UnitedHealthcare of New England, Inc. offers a policy rider which includes benefits for eyewear, hearing aids, and dental care for a premium of \$46 per month.

PREFERRED PROVIDER ORGANIZATIONS

Preferred Provider Plans (PPOs) offer subscribers a change to expand their access to alternatives to traditional Medicare fee-for-service plans. A PPO functions much like a managed care plan. A PPO has a network of providers that have agreed to provide services at a negotiated fee. The PPO charges members lower co-payments and co-insurance for in-network providers. The most important difference is that a PPO provides coverage for services outside the network at higher co-payments or co-insurance.

Medicare Complete Choice (PPO)

UnitedHealthcare of New England, Inc.

475 Kilvert Street

Warwick, RI 02886

1-800-448-4481

Premium: \$29 per month. You continue to pay \$78.20 for Medicare Part B premium.

Benefit	In-network cost	Out-of-network cost
Inpatient Hospital Care	\$240 per day to a maximum of \$2,400 per year of combined out-of-pocket expenses for covered inpatient and outpatient services.	20 percent co-insurance.
Hospital Emergency	\$50 co-payment if admitted within 24 hours.	\$50 co-payment unless admitted within 24 hours.
Office Visits/Routine physicals	\$10 co-payment for primary physician. \$20 for specialists.	20 percent co-insurance.
X/Rays/Diagnostic Tests/Lab Services	No co-payment for standard tests. Doctor's office visit co-payment may also apply. 20% co-insurance for radiological services such as MRI or CAT scan.	20 percent co-insurance.
Prescription Drugs	\$5 co-pay for generics only. \$600 annual limit.	No coverage.
Ambulance Services	\$100 co-payment per one way.	\$100 co-payment per one way.
Durable Medical Equipment	20 percent co-insurance for the cost of each Medicare-covered item.	20 percent co-payment for the cost of each Medicare-covered item.
Inpatient Skilled Nursing Facility	\$50 per day for days 1-48. No co-payment for days 49-100. Costs apply to out-of-pocket maximum.	20 percent co-insurance.
Hearing/Eye Exams	\$20 co-payment.	20 percent co-insurance.

NOTE: This plan is not available to residents of Newport County.

RHODE ISLAND MEDICARE ADVANTAGE PLANS-2005

BlueCHip for Medicare
444 Westminster Street
Providence, RI 02903

351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHip for Medicare-STANDARD

Premium: \$0. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$225 per day. Annual out-of-pocket maximum of \$1,750 applies.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$20 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$50 co-payment for an MRI or CAT scan.
Prescription Drugs	\$7 co-payment for 30-day supply of generic drugs purchased at participating retail pharmacies. \$14 co-payment for 90-supply though the plan's mail order provider. No coverage limit*
Ambulance Services	\$75 co-payment for Medicare-covered ambulance services.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$50 per day co-payment for days 1-35. No co-payment for days 36-100. Annual out-of-pocket maximum of \$1,750 applies.
Hearing/Eye Exams	\$20 co-payment.
Annual Out-of-pocket Maximum	Applies to inpatient hospital, inpatient mental health and skilled nursing facility services.

NOTE: BlueCHip for Medicare STANDARD subscribers can elect to decline this prescription drug coverage if this benefit interferes with their RIPAE coverage.

BlueCHip for Medicare
444 Westminster Street
Providence, RI 02903

351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHip for Medicare-PLUS

Premium: \$55 per month. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$175 per day. Annual out-of-pocket maximum of \$1,000 applies.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$20 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$50 co-payment for an MRI or CAT scan.
Prescription Drugs	\$7 co-payment for Tier 1 drugs up to 30-day supply. \$25 co-payment for Tier 2 drugs up to 30-day supply. \$40 co-payment for Tier 3 drugs up to 30-day supply. \$14 co-payment for generics by mail order generics up to 90-day supply. \$50 co-payment for mail order Tier 2 drugs up to a 90-day supply. \$80 co-payment for mail order Tier 3 drugs up to a 90-day supply. Annual limit of \$600 per year coverage for brand name drugs. Unlimited coverage for generic drugs.
Ambulance Services	\$75 co-payment for Medicare-covered ambulance services.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$50 per day co-payment for days 1-35. No co-payment for days 36-100. Annual out-of-pocket maximum of \$1,000 applies.
Hearing/Eye Exams	\$20 co-payment.
Annual Out-of-pocket Maximum	Applies to inpatient hospital, inpatient mental health and skilled nursing facility services.

NOTE: Some dental and eyewear benefits are available under the BlueCHip for Medicare PLUS plan. Call the company for details.

BlueCHip for Medicare
444 Westminster Street
Providence, RI 02903

351-BLUE (2583)
1-800-505-2583
1-877-232-8432 (TTY)

BlueCHip for Medicare-PREFERRED

Premium: \$170 per month. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$100 per day. Annual out-of-pocket limit of \$1,000 applies.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$10 per office visit for primary care physician. \$20 for specialists.
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard Medicare-covered services such as clinical lab services, clinical/diagnostic lab services, or radiation therapy. There is a \$50 co-payment for an MRI or CAT scan.
Prescription Drugs	\$7 co-payment for Tier 1 drugs up to 30-day supply. \$25 co-payment for Tier 2 drugs up to 30-day supply. \$40 co-payment for Tier 3 drugs up to 30-day supply. \$14 co-payment for generics by mail order generics up to 90-day supply. \$50 co-payment for mail order Tier 2 drugs up to a 90-day supply. \$80 co-payment for mail order Tier 3 drugs up to a 90-day supply. Annual limit of \$600 per year coverage for brand name drugs. Unlimited coverage for generic drugs. Annual limit of \$1,500 per year coverage of brand name drugs. Unlimited coverage for generics.
Ambulance Services	\$75 co-payment for Medicare-covered ambulance services.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$50 per day co-payment for days 1-35. No co-payment for days 36-100. Annual out-of-pocket maximum of \$1,000 applies.
Hearing/Eye Exams	\$20 co-payment.
Annual Out-of-pocket Maximum	Applies to inpatient hospital, inpatient mental health and skilled nursing facility services.

NOTE: Some dental and eyewear benefits are available under the BlueCHip for Medicare PLUS plan. Call the company for details.

MEDICARE SELECT

Medicare SELECT policies are the same as standard Medicare supplement policies in nearly all respects. The only difference is that each Medicare SELECT insurer has certain hospitals and doctors you must use in order to receive full benefits. Medicare SELECT premiums are lower because of this requirement.

When you go to an insurer's *preferred providers*, Medicare pays its share of the covered services and the supplemental plan pays to the limit of its coverage. SELECT plans also supply the Medicare-eligible services needed,

Medicare will still pay its share of approved charges if you go out-of-state non-participating providers. You are responsible for deductibles and co-payments for non-urgent care.

Medicare SELECT plans in Rhode Island:

Blue Cross/Blue Shield of Rhode Island

351-BLUE (2583)

Plan C:\$91/month.

Policy notes: Blue Cross/Blue Shield of Rhode Island Medicare SELECT Plan is available to persons with disabilities and to new subscribers.

All general hospitals in Rhode Island and more than 2,000 physicians serving all areas of the state participate in Blue Cross/Blue Shield of Rhode Island Medicare SELECT.

To enroll in Blue Cross/Blue Shield of Rhode Island Medicare SELECT, you must either pass a health screen during open enrollment, or sign up within the first six months of enrolling in Medicare Part B (the initial Medicare supplement enrollment period).

UnitedHealthcare of New England, Inc.
475 Kilvert Street
Warwick, RI 02886 **737-6900**
1-800-448-4481 (Sales/Enrollment)
1-800-662-1220 (TTY)

Medicare Complete Plan 3:
Premium: \$0. You continue to pay \$78.20 per month for Medicare Part B premium.

Benefit	Consumer Costs
Inpatient Hospital Care	\$265 per day to a maximum of \$3,000 per year of combined out-of-pocket expenses for covered inpatient and outpatient services.
Hospital Emergency	\$50 co-payment if not admitted within 24 hours.
Office Visits/Routine Physicals	\$5 co-payment for primary care physicians. \$15 for specialists
X-Rays/Diagnostic Tests/Lab Services	No co-payment for standard lab tests. 20% co-insurance for other radiological services such as MRI or CAT scan.
Prescription Drugs	\$10 co-payment generic drugs. \$45 co-payment for brand name drugs. \$500 annual limit. \$135 mail order for brand names for 90-day supply. \$30 mail order for generic drugs for 90-day supply.
Ambulance Services	\$100 co-payment for Medicare-covered ambulance services per one way trip.
Durable Medical Equipment	20% co-insurance for cost of each Medicare-covered item.
Skilled Nursing Facility	\$60 per day co-payment for days 1 through 50. No co-payment for days 51-100. Costs apply to out-of-pocket maximum.
Hearing/Eye Exams	\$15 co-payment.

NOTE: UnitedHealthcare of New England, Inc. offers a policy rider which includes benefits for eyewear, hearing aids, and dental care for a premium of \$46 per month. This policy is not available in Newport County.

PREScription DRUG PROGRAMS

The Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program pays a portion of the cost of *Category A* prescriptions used to treat Alzheimer's disease, arthritis, diabetes (including insulin and syringes for insulin injections), heart problems, depression, anti-infectives, Parkinson's disease, high blood pressure, cancer, urinary incontinence, circulatory insufficiency, high cholesterol, asthma and chronic respiratory conditions, osteoporosis, glaucoma, and prescription vitamins and mineral supplements for renal patients for eligible Rhode Island residents 65 and older.

Individuals with an annual income up to \$17,515 and married couples with a combined annual income up to \$21,895 receive a 60% discount.

Individuals with an annual income up to \$21,987 and married couples with a combined annual income up to \$27,484 receive a 30% discount.

Individuals with an annual income up to \$38,478 and married couples with a combined income not exceeding \$43,974 receive a 15% discount.

RIPAE enrollees can purchase all other FDA-approved *Category B* prescriptions (except for those used to treat cosmetic conditions) at the RIPAE-discounted price. There is no state co-payment for the medications purchased in this category.

Also under RIPAE, Rhode Island residents between 55 and 64 who are receiving Social Security Disability Income (SSDI) payments and who meet specified income limits, can purchase *Category A* medications at the specified RIPAE-discounted price. Other FDA-approved *Category B* medications (except those prescribed for cosmetic conditions) can be purchased at the RIPAE-discounted price. There is no state co-payment for these medications. The annual income limits for those receiving SSDI are \$38,478 for a single person and \$43,974 for a married couple.

For RIPAE information, call the DEA Customer Information Referral and Assistance Center at 462-4000 (Voice) or 462-0740 (TTY).

Medicare beneficiaries can join the voluntary Medicare-approved Drug Discount Card program. This program may provide help to beneficiaries in paying for their medications. Individuals with an annual income of less than \$12,569 or married couples whose combined income is less than \$16,682 qualify for \$600 in transitional assistance for drug costs. The Medicare-approved Drug Discount Card will end in 2005. Private drug card sponsors are authorized by the Centers for Medicare and Medicaid Services (CMS) to offer Medicare-approved Drug Discount Cards. An annual enrollment fee of \$30 may apply. There is no annual fee for beneficiaries who qualify for transitional assistance. Medicare beneficiaries may have only one Medicare-approved Drug Discount Card and members of Medicare Advantage plans may be restricted in their choice of cards. Beginning in 2006, beneficiaries will have access to prescription drug benefits under the new Medicare Part D program. For more information or assistance in choosing a Medicare-approved Drug Discount Card, call 1-800-Medicare (1-800-633-4227) or go to www.medicare.gov.

PRESCRIPTION DRUG PROGRAMS

Pharmaceutical Research and Manufacturers of America (PhRMA) have set up a call center and web site to help low-income Rhode Islanders get obtain free or reduced-cost drugs. The number for the PhRMA call center is 1-877-743-6779. The web site is www.RxforRI.org. The program consolidates information from 250 assistance programs that offer 1,200 prescription drugs.

The URI Pharmacy Outreach Program assists Rhode Island residents regarding the availability of free or low cost medications through the Medication for the Needy Program. The Outreach Program also provides educational seminars, health screens, and discussion groups on health related topics. Call to schedule a program. The URI Medication Information Line provides information on the use of prescription medications. Pharmacists can answer medication questions. For URI programs, call 1-800-215-9001.

Some Medicare Advantage plans offer prescription assistance for enrollees. Medicare supplemental insurance Plans H, I, and J also offer limited prescription benefits. For information on these plans, call the specific insurance carrier.

Other assistance programs can be found by logging on to www.needymeds.com.

